Texas Department of Public Safety (DPS) Low Volume Emission Inspection Station Waiver Application

Date:		_ Analyzer Serial N	۱o			
Auditor Initials:		_ TAS ID:	TAS ID:			
Tech Area:		_				
Station Name:		Station Number:_				
Physical address of the station:	Street Address		City		Zip Code	
Mailing address of the station:			~	Gr. A.	7' 0.1	
	Street Address	(City	State	Zip Code	
Station and acknowledge that I which: "I understand the condi Station Waiver. (OBD annual emission tests p inspection station will ovehicles."	itions and limitations II Emissions Test ar er year (approximate	s of being granted a Loy and Safety Only Test). I aly 150 monthly emissi	w Volume? I agree to the	Emissions Inspect ne limitation of 1, it). I agree this		
Must supply a copy of the purch. Signature:		for a state approved OB Signature:				
Station Own	er / Operator	-	DPS Ma	anager / Supervisor		
Printed Name:Station Owner	er / Operator	_ Printed Name: _	DPS Ma	anager / Supervisor		
Date:		Date:				
Comments:						

VIE-90 (Rev. 10/2017) FORM